Reviewer's report

Title: Canadian Society of Nephrology Survey confirms clinical equipoise for using warfarin in hemodialysis patients with atrial fibrillation

Version: 2 Date: 14 October 2012

Reviewer: Simonetta Genovesi

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The survey by Juma and colleagues deals with an important problem for the nephrology community, i.e. the nephrologists' behaviour concerning the prescription of warfarin in patients with ESRD and atrial fibrillation (AF).

Major Compulsory Revisions

The major limit of the study regards the section of the survey dedicated to the possibility of performing a randomized trial comparing warfarin vs. placebo in a population of hemodialysis patients with AF.

The price of the molecule (patent expired many years ago) is very low. It is unlikely that pharmaceutical industries might be interested in this kind of study, particularly as presently a new generation of anticoagulants (anti-thrombin and anti-factor Xa) is becoming ever more important. With which funds do the Authors think that such trials could be realized and how?

It is quite obvious that when nephrologists, who have to deal every day with the difficult choice of whether or not prescribing warfarin without the help of any guidelines, are asked in a generic way if they are in favour of an RCT, they will answer that they would be happy with any RCT that might help them in their decisions.

The four questions concerning this subject however, do not take into consideration the thrombo-embolic and hemorrhagic risks of the patients who should be enrolled. In other words, how would the nephrologists respond if the questions were formulated in the following way:

a) If you were treating a patient with CHADS2 score 6 or CHA2DS2VASc 8-10, would you include him/her in an RCT, knowing that he/she could end up in the NO-Warfarin treatment arm?

b) If you were treating a patient with a HASBLED score of 7-9, would you include him/her in an RCT, knowing that he/she could end up in the YES-Warfarin treatment arm?

c) What ranges of thrombo-embolic and hemorrhagic score do you consider ethically acceptable for allowing the enrolment of a hemodialysis patient with atrial fibrillation in an RCT on warfarin?

If the suggested ranges are narrow, this would mean an important bias in patient recruitment. The Authors should complete the survey by asking these 3
questions as well and then verify if the answers are different from the ones to the 4 original questions.

In the Discussion section it would be important to state that even specialists who have access to guidelines (cardiologists and internists) frequently do not follow them and tend to make little use of warfarin. There are several recent surveys in this respect (e.g. G. Di Pasquale et al. / International Journal of Cardiology, 2012; The American Journal of Medicine (2010) 123, 446-453).

Minor Essential Revisions

The acronyms CHADS2 and CHA2DS2VASc should be written correctly.

The Background section should be extended and updated. In particular, the study that was recently published in NEJM (Olesen et al. NEJM 2012; Vol. 367 No. 7 pp. 625-635) should be mentioned.

What do the Authors mean when they say that the survey “was sent three times”? Were the same questions sent to the same nephrologists three times?

The references 5 and 22 are identical.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests